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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/587,201			ling Date 15/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
FOR			JMBER FIL	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =		•		x \$ =		1	x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	er, the applica for small entit sheets or fract	ings exceed 10i tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL		1		
* If the difference in column 1 is less than zero, enter "0" in column 2.									J	TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	07/25/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 23	Minus	 34	= 0	_	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	· 3	Minus	 3	= 0	_	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	**	=	_	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					4			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0, enter "20". Will the "Highest Number Previously Paid For IN THIS SPACE in Ses than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE in Ses than 3, enter "3". Wand a Meredith The "Highest Number Previously Paid For IN THIS SPACE in Ses than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in fall (and the process) an application Confidentiality is operand by 38 US 6.7 22 and 37 CFR 1.4. This recollection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.